

我愿意捐助「智行基金会」艾滋遗孤计划

YES! I WANT TO SUPPORT CHI HENG FOUNDATION'S  
WORK ON AIDS ORPHANS PROGRAM

每月银行自动转账捐款金额

Monthly donation amount by bank autopay

HK\$ 160 400 1,000 其他 Other: \_\_\_\_\_

捐款人资料 Donor's Information (请以正楷填写 Please write in BLOCK letters)	
姓氏 Surname: _____ 先生Mr 小姐Miss 太太Mrs 女士Ms	
名字 First name: _____ 中文名: _____	
职业 Profession: _____ 出生年份 Year of birth: _____	
电话 Tel No.: _____ (手提 Mobile) _____ (住宅 Home) _____ (办公室 Office)	
电邮地址 Email: _____	
通讯地址 Mailing address: _____	
室 Unit/ Flat _____ 楼数 Floor _____ 座 Block/ Tower _____	
大厦名称 Building name _____ 屋苑名称 Estate name _____	
街道号码 Street no. _____ 街道名称 Street name _____	
区域 District _____ 香港 HK 九龙 KLN 新界 NT	

(请填写右面之授权书表格 Please fill in the Direct Debit Form on the right)

捐款一百元以上可申请免税

All donations of \$100 or above are tax deductible.

**个人资料收集声明:**

智行基金会可能会使用 阁下的个人资料通过邮件、电邮或电话等方式发出收据,信件或证书,进行数据分析,以及提供本机构的定期通讯,服务信息和筹款活动等讯息。除了我们的员工,指定的志愿者和处理付款或其他必要功能的机构外,我们绝不会向第三方出售或提供您的资料。

阁下所提供的个人资料,纯属自愿。如未能提供足够资料,有关的捐款有可能延误甚至无法完成。您有权随时向本机构查询、更新或要求停止使用您的个人资料作上述用途,请电邮至 [info@chihengfoundation.com](mailto:info@chihengfoundation.com), 或邮寄到香港邮政信箱3923号,联系我们的办公室经理。

**Personal Information Collection Statement:**

CHF may use your contact information to issue receipts, letters and certificates, conduct donor analysis and communicate with you for newsletters, marketing materials and update of our services and fundraising activities through direct mailing, email, telephone etc. We will not sell and/or provide your personal data to any third party other than our staff, appointed volunteers and institutions who process payment and other necessary functions.

The provision of personal data is purely voluntary, however, the donation may be delayed or cannot be processed if data is insufficient. You have the right to access, update and request CHF to stop using your personal data for the above purposes by notifying the office manager with email to [info@chihengfoundation.com](mailto:info@chihengfoundation.com) or by mail to G.P.O. Box 3923, Central, HK.

我不愿意收到上述有关智行基金会的通讯及资料。

I do not wish to receive such materials and communications from CHF.

自动转账授权书 Direct Debit Authorisation Form

收款之一方(受益人) 智行基金会有限公司 Name of Party to be Credited (The Beneficiary) Chi Heng Foundation Ltd	银行编号 Bank No 004	分行编号 Branch No 502	帐户号码 Account No 199813001
------------------------------------------------------------------------------------------------------	------------------------	--------------------------	---------------------------------

本人/吾等之银行及分行之名称 My/Our Bank Name and Branch	银行编号 Bank No.	分行编号 Branch No.	帐户号码 Account No.
本人/吾等在结单/存上所纪录之名称 My/Our Name(s) as recorded on Statement/Passbook			联络电话号码 Contact Tel No.
本人/吾等在结单/存上所纪录之地址 My/Our Address as recorded on Statement/Passbook			※每次/月付款之限额 Limit for Each Payment/Month
※本人/吾等之签名 My / Our Signature(s)			※到期日 Expiry Date 到期日(Day Month Year 年)
签署日期 Date Signed			

由本会及银行填写 For office use only

※ Debtor's Reference	Remarks	Signature	Verified
----------------------	---------	-----------	----------

- 本人(等)现授权本人(等)的下述银行,根据受益人或其往来银行不时给予本人(等)银行的指示,自本人(等)的户口内转账予上述受益人。惟每次转账金额不得超过以下指定的限额。  
I/We hereby authorise my/our below named Bank to effect transfers from my/our account to that of the above named beneficiary in accordance with such instructions as my/our Bank may receive from the beneficiary and/or its banker from time to time provided always that the amount of any one such transfer shall not exceed the limit indicated below.
- 本人(等)同意本人(等)的银行毋须证实该等转账通知是否已交予本人(等)。  
I/We agree that my/our Bank shall not be obliged to ascertain whether or not notice of any such transfer has been given to me/us.
- 如因该等转账令本人(等)的户口出现透支(或令现时的透支增加),本人(等)愿共同及各别承担全部责任。  
I/We jointly and severally accept full responsibility for any overdraft (or increase in existing overdraft) on my/our account which may arise as a result of any such transfer(s).
- 本人(等)同意本人(等)之户口并无足够款项支付该等授权转账,本人(等)的银行有权不予转账,且有权收取惯常之收费,并可随时以一星期书面通知取消本授权书。  
I/We agree that should there be insufficient funds in my/our account to meet any transfer hereby authorised, my/our Bank shall be entitled, in its discretion, not to effect such transfer in which event the Bank make the usual charge and that it may cancel this authorisation at any time on one week's written notice.
- 本授权书将继续生效直至另行通知为止或直至下列到期日为止(以两者最早的日期为准)。本人(等)同意如本人(等)已立的直接付款授权的口连续年内未有根本授权而作出过账的纪录,本人(等)的银行保留权利取消本直接付款安排而毋须另行通知本人(等),即使本授权书未到期或未有注明授权到期日。  
This authorisation shall have effect until further notice or until the expiry date written below (which ever first occurs). I/We agree that if no transaction is performed on my/our account under such authorization for a continuous period of 2 years, my/our Bank reserves the right to cancel the direct debit arrangement without prior notice to me/us, even though the authorization has not expired or there is not expiry date for the authorization.
- 本人(等)同意,本人(等)取消或更改本授权书的任何通知,须取/更改日最少工作天之前交予本人(等)的银行。  
I/We agree that any notice of cancellation or variation of this authorisation which I/we may give to my/our Bank shall be given at least two working days prior to the date on which such cancellation/variation is to take effect.

※ 附注 Notes:

如台端付款之数额每次可能不相同,则将最高者定为每次付款之最高限额。  
If the amount of your payments are likely to vary each time, set the Limit for Each Payment at the maximum amount you would expect to pay at any one time.

本直接付款授权书将于「到期日」一栏中所填写之日期自动撤销。如贵户意欲直接付款授权书无限期有效(或直至贵户予以撤销为止),则将该栏留空。  
This Direct Debit Authorisation will be cancelled automatically on the date included in the box marked "Expiry Date". If you wish the Direct Debit Authorisation to have effect indefinitely (or until cancelled by you) please leave box blank.

请保证贵户在此授权书内之签名,与银行账户所签者完全相同。  
Please ensure that you sign the form in the usual way that you would sign on your Bank Account.

如「每次/月付款的限额」一栏未有填上,债务银行会将转账限额设定为“不设上限”。  
If "Limit for Each Payment/Month" is not specified, the debtor's bank will set the limit as "unlimited".

在债务人之参考栏内,请将贵户与受款一方之关系,略予说明,例如学生编号,抵押合约号码等。In the box marked "Debtor's Reference" enter the identifying reference between yourself and the party to be credited i.e. Student No., Mortgage Agreement No., Rental Agreement No., etc.

谢谢阁下对智行基金会的支持  
Thank you for your time and generosity in supporting Chi Heng Foundation

于首次捐款过账后，随后之捐款会于每月 10 号或前后透过银行自动转账进行。

After the first deduction, subsequent deductions by bank autopay will be made around the 10<sup>th</sup> of every month for the following months.

每月之捐款将显示于阁下之银行月结单上。阁下于每年四月初会收到由智行基金会寄出之全年捐款收据，该收据证明阁下于该年度至 3 月 31 日之捐款，阁下可向税局申请税务减免。

Chi Heng Foundation will not provide receipts for monthly deductions. Please refer to your bank statements for confirmation of payments. You will receive a tax-exempt receipt from Chi Heng Foundation at the beginning of April every year for donations received for the previous year up to March 31.

阁下如欲更改每月捐款之安排，请于下期捐款前之 30 日以书面通知智行基金会，地址：香港邮政信箱 3923 号。

If you want to change any arrangements of your monthly donation, please provide a 30-day written notice prior to your next donation deduction date. Please write to us at G.P.O. Box 3923, Central, HK.

如阁下不想收到本会邮寄之通讯，请书面通知我们，地址同上。

If you don't want to receive future mailings from us, please inform us by writing to the above address.

电话 Phone : (852) 2517 0564 传真 Fax : (852) 2517 0594

电邮 Email : [info@chihengfoundation.com](mailto:info@chihengfoundation.com) 网址 Web site : <http://chihengfoundation.com/>

办公时间 Office hours: 星期一至五 Mon – Fri 9:00 a.m. – 6:00 p.m.